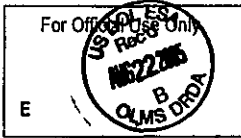


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|---|--|
| 1 File Number U <u>12446</u> | 2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004 |
| 3 Name and address of person filing Name <u>Sam</u> <u>Cicinelli</u> P O Box Bldg Room No if any Street <u>40W067 Jack London Street</u> City <u>Saint Charles</u> State <u>Illinois</u> ZIP Code + 4 <u>60175</u> | 4 Name file number and address of labor organization Name <u>Automobile Mechanics Local 701</u> Labor Organization File Number <u>016-910</u> P O Box Building and Room Number if any Street <u>500 W Plainfield Road</u> City <u>Countryside</u> State <u>Illinois</u> ZIP Code + 4 <u>60525 3580</u> |
| 5 Position in labor organization <u>Business Representative</u> | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|---|--|
| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 7 a Nature of Interest Transaction or Income 7 b Amount |

Signature

| | | |
|---|---------------------------|---|
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) | | |
| Signed <u>Sam Cicinelli</u> | On <u>8-10-05</u> Date | <u>(708) 482 1720</u> Telephone Number |

| | |
|---------------------------------------|---------------|
| Name of Person Filing Sam Ciccinielli | File Number U |
|---------------------------------------|---------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|--|--|
| 8 Name and address of Business (including trade name if any) Name Local 701 Pension Fund Trade Name if any P O Box Bldg Room No if any Street 500 West Plainfield Rd City Countryside State Illinois ZIP Code + 4 60525 | 9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer |
| 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 11 a Nature of such dealing Related Trust Fund 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received Reimbursement from Trust Fund for Department of Labor and ERISA required educational conference for food travel and lodging in the exercise of my fiduciary duty 12 b Amount \$1 025 |

| | |
|--|--|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Blue Cross Blue Shield Trade Name if any P O Box Bldg Room No if any Street 300 East Randolph Street City Chicago State Illinois ZIP Code + 4 60601 5099 | 14 a Nature of payment. 3/04 St Patrick s Day Lundheon 14 b Amount of payment \$25 |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ? | |

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Jacobs Burns Orlove Stanton & Hernandez

Trade Name if any

P O Box Bldg Room No if any

Street 122 S Michigan Ave Suite 1720

City Chicago

State Illinois ZIP Code + 4 60603 6145

14 a Nature of payment

12/6/04 Christmas Box of Chocolates

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment.

\$30

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Blue Cross Blue Shield

Trade Name if any

P O Box Bldg Room No if any

Street 300 East Randolph Street

City Chicago

State Illinois ZIP Code + 4 60601-5099

14 a Nature of payment

8/2/04 Labor Golf Outing

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment.

\$285

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Amalgatrust Company

Trade Name if any

P O Box Bldg Room No if any

Street One West Monroe Street

City Chicago

State Illinois ZIP Code + 4 60603

14 a Nature of payment

4/30/04 Baseball tickets & food

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$228

| | |
|-------------------------------------|---------------|
| Name of Person Filing Sam Cicinelli | File Number U |
|-------------------------------------|---------------|

Part C Continuation Page

| | |
|---|---|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Amalgatrust Company Trade Name if any P O Box Bldg Room No if any Street One West Monroe Street City Chicago State Illinois ZIP Code + 4 60603 | 14 a Nature of payment 5/26/04 Baseball tickets & food |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ? | 14 b Amount of payment \$227 |

| | |
|---|--|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Amalgatrust Company Trade Name if any P O Box Bldg Room No if any Street One West Monroe Street City Chicago State Illinois ZIP Code + 4 60603 | 14 a Nature of payment 12/3/04 Business meeting |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ? | 14 b Amount of payment \$90 |

| | |
|--|---|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Mesrow Financial Trade Name if any P O Box Bldg Room No if any Street 350 North Clark Street City Chicago State Illinois ZIP Code + 4 60610 | 14 a Nature of payment 6/9/04 Baseball ticket & food |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ? | 14 b Amount of payment \$93 |

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Chicago Equity Partners

Trade Name if any

P O Box Bldg Room No if any

Street 180 N LaSalle Street Suite 3800

City Chicago

State Illinois ZIP Code + 4 60601

14 a Nature of payment

3/24/04 Basketball ticket & food

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$50

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Chicago Equity Partners

Trade Name if any

P O Box Bldg Room No if any

Street 180 N LaSalle Street Suite 3800

City Chicago

State Illinois ZIP Code + 4 60601

14 a Nature of payment

7/2/04 Baseball ticket & food

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$150

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Intech

Trade Name if any

P O Box Bldg Room No if any

Street 151 Detroit Street

City Denver

State Colorado ZIP Code + 4 80206

14 a Nature of payment

11/19/04 Business Meeting

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$100

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|--|----------------------|
| Name of Person Filing <u>Sam Cicinelli</u> | File Number <u>U</u> |
|--|----------------------|

Part C Continuation Page

| | |
|---|--|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <u>Mellon Equity</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>500 Grant Street Suite 4200</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15258</u> | 14 a Nature of payment <u>12/2/04 Business Meeting</u> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ? | 14 b Amount of payment <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 5px;">\$100</div> |

| | |
|--|---|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14 b Amount of payment <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |

| | |
|--|---|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14 b Amount of payment <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Local 701 Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street 500 West Plainfield Rd

City Countryside

State Illinois

ZIP Code + 4 60525

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

11 a Nature of such dealing

Related Trust Fund

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Reimbursement from Trust Fund for Department of Labor and ERISA required educational conference for food travel and lodging in the exercise of my fiduciary duty

12 b Amount

\$1 025